

ACCEPTANCE CERTIFICATE

Technical Equipment Name: _____

Facility: _____ WBS No.: _____

The CFN Project has performed an evaluation of the above technical equipment to determine acceptance for operations. The results of the evaluation indicate that all acceptance activities have been completed, and the item has satisfied all specification and contract requirements.

To wit:

- All systems, parts, materials, and accessories have been received and installed.
- All inspection and testing has been successfully completed and documented, and any exceptions have been documented and resolved.
- All required documentation, such as operating or maintenance manuals, has been received.
- All records of acceptance activities have been assembled and reviewed.

Therefore, the equipment is accepted for operation in the CFN.

Facility Leader: _____ Date: _____

TEOC: _____ Date: _____

QA Representative: _____ Date: _____

Project Director/
Deputy Project Director: _____ Date: _____